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*	CURRENT CORRESPONDENC	TE ADDRESS (Note: Use Block 1 for 590 05/11/2005	any change of acking	TPE	Note: A certificate Fee(s) Transmittal. papers. Each addition have its own certificate to the second	of mailing can only be use This certificate cannot be us onal paper, such as an assig- cate of mailing or transmissa	d for domestic mailings of the ted for any other accompanying nment or formal drawing, must on.		
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01 FC:1501	1400.00 DA	ı	(A)	F TRADEN	Brica L. Fark	· Ja	(Date)		
Г	APPLICATION NO.	FILING DATE	,	FIRST NAME	ED INVENTOR	ATTORNEY DOCKET NO			
L	10/017,264	12/14/2001	l		C. Yago	NAII P042/01.273.01	6081		
т	ITLE OF INVENTION: S	YSTEM, METHOD AND C	OMPUTER PROC	RAM PROI	DUCT FOR MONITORING				
Γ	APPLN. TYPE	SMALL ENTITY	ISSUE F	SE .	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
_	nonprovisional	NO	\$1400		\$0	\$1400	08/11/2005		
	EXAM	INER	ART UN	IT.	CLASS-SUBCLASS				
	MCFADDEN	SUSAN IRIS	2655		704-270000				
3.	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Christopher J. Hat registered attorney or agents and the names of up to 2 registered patent attorneys or agents. If no name is 1 sisted, no name will be primed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has the recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filting an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Networks Associates Technology, Inc.								
_	Please check the appropriate assignee category or categories (will not be printed on the patent):								
74	4a. The following fec(s) are enclosed: ✓ Issue Fee			4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.					
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	a. Applicant claims SI	(from status indicated above MALL ENTITY status, See A	7.EFR 1.27.	🗖 b. Applic	cant is no longer claiming SM	IALL ENTITY status. See 37	NAI1P042 7 CFR 1.27(g)(2).		
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	Authorized Signature	//			Date	une 1, 2005			
	Typed or printed name	Kevin J. Zilka			_ Registrati	on No. 41,429			
The an su this Bo Al	This collection of information is required by 77. CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestious for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Do NOT SEND FEES OR complete to respond to a collection of information unless it displays a valid OMB control number.								
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App. No: 10/017,264

FAX COVER SHEET

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NAI1P042/01.273.01

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